

Return Receipt Article Number		COMPLETE THIS SECTION ON DELIVERY	
 9590 9266 9904 2977 9436 78		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X [Signature]</i>	
2. Certified Mail® Article Number 9414 7266 9904 2977 9436 75		B. Received by (Printed Name)	C. Date of Delivery 9-9-24
3. Service Type: CERTIFIED MAIL		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
1. Article Addressed to: <div style="border: 1px solid black; padding: 10px; margin: 10px 0;">STARR INDEMNITY &, LIABILITY COMPANY 500 W. Monroe Street, 31st Floor Chicago, IL 60661</div>			
PS Form 3811, Facsimile, July 2015		Domestic Return Receipt	